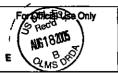
US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 88-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9689	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through [2 / 3] / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name DALE E Doyle	Name System Council 16 IBEW			
	Labor Organization File Number 0/1/383			
PO Box Bldg Room No If any	PO Box Building and Room Number if any			
Street [1310 Dermi IIION Street	Street 1310 Vermillion Street			
ay HASTINGS	City HASTings			
State MINDESOFA ZIP Code + 4 55033	State MINDESOFA ZIP Code +4 55033			
5 Position in labor organization [Seneral_Chairman]				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of				
monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name	[]			
Trade Name if any]]			
The second secon	7 b Amount			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)				
Signed Maile EDay	On 81105 651-438-2927 Telephone Number			

Name of Person Filing		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4 10 if 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any	9 Business deals with a Labor Organiza b Trust c Employer 11 a Nature of such deals			
Street				
City	11 b Approximate dollar value			
State ZIP Code + 4	12 a Nature of interest hel	u or troutile received		
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment			
(including trade name if any) Name C. M. Friedman	Houday	GIFF		
Trade Name if any A Professional Corp				
PO Box Bldg Room No if any 13th Floor Street 1010 MArker Street				
ar St Louis	***			
State MISSOURI ZIP Code + 4 6310				
13.b Is the Business an Employer or Consultant ?	14 b Amount of payment		809	